Statement of Termination Slate Mailer Organization

CALIFORNIA FORM 402

Slate mailer organizations do not automatically terminate and may only terminate under the following circumstances:

- They have ceased to receive payments or make disbursements for the purpose of producing and distributing slate mailers.
- They do not anticipate receiving payments or making disbursements for the purpose of producing and distributing slate mailers in the future.
- They have filed all required campaign statements disclosing all reportable transactions.

Where to File:

The original of the Statement of Termination (Form 402) is filed with the Secretary of State and, if applicable, a copy with the local filing officer with whom the organization files its original disclosure statements.

NOTE:

Additional filing obligations will be incurred if a slate mailer organization receives payments or makes disbursements in connection with a slate mailer after a Statement of Termination has been filed.

This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual (available from your filing officer or the FPPC). Campaign filing deadlines, forms, and other informational materials are available on the FPPC website (www.fppc.ca.gov).

| Statement of Termination (Slate Mailer Organization) (Government Code Section 84221) | And, if applicable, file one copy of this form with: The city or county filing officer, if any, with whom the organization must file its original campaign disclosure statements. | | Date Stamp | CALIFORNIA FORM For Official Use Only |
|---|---|--|-------------------------------|--|
| File an original and one copy of this form with: Secretary of State Political Reform Division 1500 11th Street, Room 495 Sacramento, CA 95814 | | | | , 57 5.1154. 555 51.19 |
| FULL NAME OF SLATE MAILER ORGANIZATION: | ID NUMBER | NAME OF TREASURER: | L | |
| STREET ADDRESS: (NOT P.O. BOX) | NO. AND STREET | PERMANENT ADDRESS OF TREASURER: (NOT P.O. BOX) NO. AND STREET | | |
| CITY STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| AREA CODE PHONE NO. | | AREA CODE DAY | YTIME PHONE NO. | |
| Verification | | | | |
| I have used all reasonable diligence in prep connection with producing "slate mailers," of statements required by the Political Reform that the foregoing is true and correct. | loes not anticipate receiving pa | ayments or making disburs | ements in the future, and has | filed all campaign |
| Executed on At | CITY AND STATE | By | SIGNATURE OF RESPONSIBL | E OFFICER |
| | | | | |

NOTE: Additional filing obligations will be incurred if a Slate Mailer Organization receives payments or makes disbursements after this Statement of Termination has been filed.

TYPE OR PRINT

Title ____

Name of Responsible Officer ____